



Town of Bayfield
1199 Bayfield Parkway
P.O. Box 80
Bayfield, CO 81122
970-884-9544

TRANSIENT DEALERS LICENSE APPLICATION

“Transient Dealer” means any person, either principal or agent, who engages in the business of traveling about, carrying with him or her for sale and selling manufactured goods, wares or merchandise. It also includes peddlers and hawkers of manufactured goods, wares and merchandise.

REASON FOR SUBMITTAL:

☐ NEW BUSINESS ☐ NAME CHANGE ☐ OWNERSHIP CHANGE

TYPE OF OWNERSHIP:

☐ INDIVIDUAL ☐ GENERAL PARTNERSHIP ☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP ☐ CORPORATION “S” – CORP
☐ LIMITED LIABILITY LIMITED PARTNERSHIP ☐ ASSOCIATION ☐ ESTATE/TRUST
☐ JOINT VENTURE ☐ NON-PROFIT (PROOF of 501(c) 3 required – No Fee) ☐ OTHER _____

BUSINESS NAME: _____

DBA _____

PHYSICAL ADDRESS: _____ **CITY:** _____ **ST:** _____

MAILING ADDRESS: _____ **ATTN:** _____

*CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

WEB SITE: _____ **NUMBER EMPLOYEES:** _____
(INCLUDING OWNER)

OWNER: _____ **PHONE:** _____

EMAIL ADDRESS: _____

MANAGER: _____ **PHONE:** _____

EMAIL ADDRESS: _____

***SALES TAX ID:** _____ ***FEDERAL ID:** _____

(Please attach a copy of the Colorado Sales Tax License to the Transient Dealers License Application)

*The Town of Bayfield (3.0%) and La Plata County (2.0%) local sales tax should be collected on the sale of goods. There are no exemptions for food and/or produce. Food and/or produce are exempt from the State of Colorado (2.9%) sales tax. The Town of Bayfield and La Plata County sales taxes are collected by the Colorado Department of Revenue. For information on sales tax and license application visit www.colorado.gov/tax. You may apply for a Special Event License,

by completing the Sales Tax Special Event Application (DR 0589) and submitting to Colorado Department of Revenue. You are required to have a special event license prior to the event.

EMERGENCY CONTACT: _____ **PHONE:** _____

Business Description:

Describe in DETAIL the nature of the business, types of products to be sold, services to be provided, etc:

Days Of Operation: _____ **Hours Of Operation:** _____

Please complete this section if the activity will be located inside Bayfield Town Limits:

- Will you be selling producing food products sold directly to consumer? ☐ YES ☐ NO
- Will you be serving or selling liquor? ☐ YES ☐ NO

Note:

- A Home, Commercial, Private or Public Kitchen in which a person produces food products sold directly to consumers may fall under the *Colorado Cottage Food Act*, C.R.S. Section 25-4-1614. If San Juan Basin Health becomes aware of a person operating outside the provisions of the "Colorado Cottage Foods Act" and producing foods that are not allowed as listed in section 25-4-1614(2)(b), C.R.S., under their authorities in the *Colorado Pure Food and Drug Law*, section 25-5-406, C.R.S., they may embargo and/or condemn the product in question. Additionally, San Juan Basin Health may utilize the enforcement provisions of the *Food Protection Act* under 25-4-610, Unlawful Acts, specifically paragraph (b) of that section, which disallows the operation of a retail food establishment without a valid license.
- Producers of food product not provided for in the Cottage Foods Act must attach a current Colorado Retail Food Service License and must submit San Juan Basin Health Departments Approved Final Inspection Report to the Town prior to opening.

I, declare under penalty of perjury, as an applicant for a Transient Dealers License from the Town of Bayfield, that I am a United States citizen, legal permanent resident or otherwise lawfully present in the United States pursuant to state and federal law. I also declare that that this application has been examined by me and the statements made herein are made in good faith pursuant to the Town of Bayfield's Town Code and regulations, and to the best of my knowledge and belief are true, correct and complete. I also agree to follow the rules and regulations of the State of Colorado and the Town of Bayfield.

Date: * _____ **Signature of Applicant:*** _____

Printed Name: _____ **Title:** _____

FOR OFFICE USE ONLY

DATE PAID: _____ **AMOUNT PAID:** _____ **LIC NUMBER ISSUED:** _____

Town of Bayfield Administration:

☐ Approved ☐ Denied ☐ Held **Signature:** _____ **Date:** _____

Comments: _____